Association of Optometrists

1 CET POINT

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Low vision – not just AMD - part 1

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The images presented in this VRICS test the practitioners knowledge on the provision of optical and non-optical low vision aids and the conditions for which they may be used.

Course code: C-34991 | Deadline: April 11, 2014

General Optical Council
Approved CET For Optometrists

Learning objectives

To be able to respond to clinical findings (Group 2.2.5)
To be able to dispense complex lens forms where appropriate (Group 4.1.5)
To be able to identify complex low vision aids and understand their usage in practice (Group 4.2.2)
To be able to recognise the ocular manifestations of systemic disease (Group 6.1.13)

PROFESSIONAL CONDUCT
OPTICAL APPLICANCES
OCULAR DISEASE

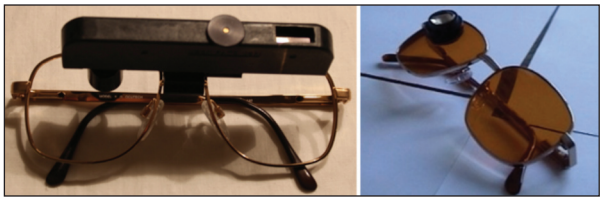
About the author

Kevin McNally is a registered optometrist and dispensing optician with an Honours Fellowship in low vision. He has worked as a clinical low vision specialist for 30 years, establishing one of the UK's first multi-disciplinary low vision services in 1985. He designs and manufactures bespoke spectacle low vision aids and is a visiting lecturer in low vision at the University of West Indies Optometry School in Trinidad.

MORE INFORMATION

- **EXAM QUESTIONS** Under the new enhanced CET rules of the GOC, answers to MCQs for this exam must be submitted online. Please visit www.optometry.co.uk/cet/exams and complete by midnight on April 11, 2014. You will be unable to submit exams after this date. Answers will be published on www.optometry.co.uk/cet/exam-archive and CET points will be uploaded every two weeks. You will then need to log into your CET portfolio by clicking on "MyGOC" on the GOC website (www.optical.org) to confirm your points.
- **REFLECTIVE LEARNING** Having completed this CET exam, consider whether you feel more confident in your clinical skills – how will you change the way you practice? How will you use this information to improve your work for patient benefit?

A



01 **The images of the low vision aids shown are best described as:**

a The system on the left is a bioptic and on the right is a normal distance telescopic spectacle
b The system on the right is a bioptic and on the left is a normal distance telescopic spectacle
c Both systems are bioptics
d Both systems are normal distance telescopic spectacles

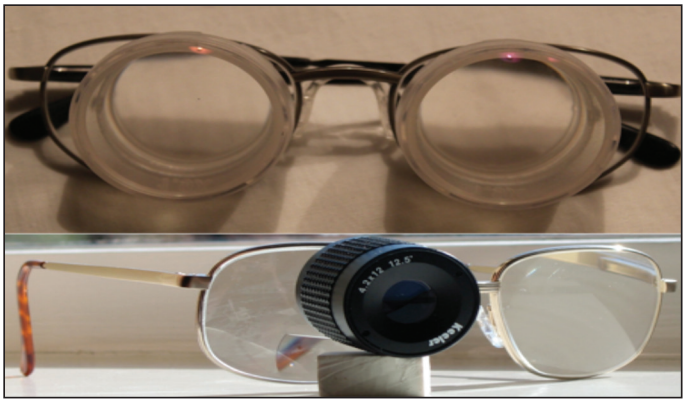
02 **A bioptic telescopic system refers to a spectacle mounted system where:**

a A pair of low power compact telescopes is mounted binocularly in carrier lenses with refractive correction
b A low power compact telescope is mounted in the upper part of a carrier lens with refractive correction
c A low power compact telescope is mounted in a carrier lens in line with the visual axis with refractive correction
d A low power compact telescope is mounted in the lower part of a carrier lens with refractive correction

03 **Bioptic systems, when mounted through a carrier lens, are most commonly:**

a A low power Galilean design (3x or less)
b A low power modified astronomical design (3x or less)
c A high power Galilean design (4x or more)
d A high power modified astronomical design (4x or more)

B



04 **From the image shown you would identify:**

a The system at the top as Galilean and on the bottom as a modified astronomical design
b The system at the bottom as Galilean and on the top as a modified astronomical design
c Both as different designs of modified astronomical
d Both as different designs of Galilean

05 **The position of the exit pupil is:**

a Virtual and posterior to the eyepiece on a Galilean telescope
b Real and posterior to the eyepiece in the astronomical telescope
c Real and anterior to the eyepiece on a Galilean telescope
d Real and anterior to the eyepiece in the astronomical telescope

06 **If a modified astronomical telescope is held up to the eye of an uncorrected +7.00DS, 70-year-old hypermetrope, and focused on a target at infinity, how will the resultant magnification of the retinal image and effective field of view compare to an emmetrope performing the same task?**

a Increased magnification, increased field, compared to an emmetrope
b Reduced magnification, increased field, compared to an emmetrope
c Increased magnification, reduced field, compared to an emmetrope
d Reduced magnification, decreased field, compared to an emmetrope

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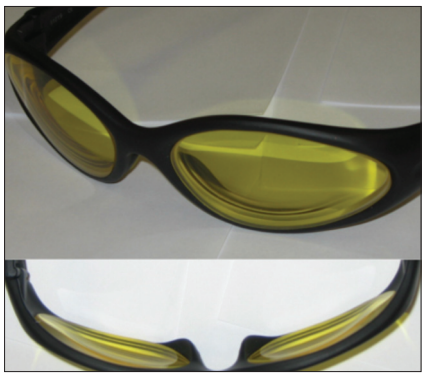
C



07 **These spectacles were supplied to a 13-year-old male with high myopia, astigmatism and photophobia, as well as highly restricted peripheral fields and a BCVA of 6/7.5. Would you most likely expect him to be suffering from?**

a Ocular albinism
b Achromatopsia
c Retinitis Pigmentosa
d Stargardts disease

08 **The single vision lenses are R -5.00/-5.00 x 45, L -6.00/-6.50 x130, made up in the form of:**

a A myoplet
b A standard best form CR39
c A blended lenticular
d An aplanatic lens form

09 **The inheritance of the disease identified in question 7 that leads to the most severe juvenile vision loss is most likely to be:**

a X-linked
b Autosomal recessive
c Autosomal dominant
d None of the above

D

10 **The device shown would most accurately be described as:**

a A ptosis prop
b A Lundi loop
c A Mundie Loop
d A pseudo levator

11 **The patient exhibits signs that are most likely to be due to:**

a Marfan's syndrome
b Goldenhar's syndrome
c Hyperthyroidism
d Myasthenia Gravis

12 **Which of the following statements about the condition shown is incorrect?**

a Patients may also experience diplopia
b Ocular involvement is rare
c Ocular involvement is common
d The condition usually presents during the third and fourth decade of life

MORE INFORMATION

References to aid completion Visit www.optometry.co.uk/clinical, click on the article title and then on 'references' to download.